

MEDICAL REPORT

OF THE

Royal Lunatic Asylum

OF ABERDEEN,

FOR THE YEAR ENDING 31st DECEMBER,

1873.

Aberdeen:

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Managers for Life.

William Henderson, M.D.	...	1816	James Forbes	1839
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Patrick Davidson	„	John Gray	1869
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James Fraser	1862	George Collie	„
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Hardy Robinson	1863	George Anderson	„
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George Jamieson	1866	Alexander Black	„
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William Leslie	„	William H. Strange, M.D. ...	„
J. G. Moir Byres	„	Alexander Edmond	1873
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John Gordon	...	"	Charles Ludwig	"
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John Crombie, Jun.	...	"	A. Vans Best, M.D.	"
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James Marsh	Sheriff Thomson	James Ross
Alexander Hay	William Daniel	William Bruce
Dr. John Urquhart	Rev. Archibald Young	Robert Glegg
Dr. Henry Jackson	Rev. M. Galbraith	

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James Chivas		
Robert Gerrard	}	West Parish Church
William Mitchell		
Rev. A. W. Brown	}	East Parish Church
James Meston	...	...
Rev. Samuel Clark	...	...	}	St. Paul's Church
John Sherar	...	...
Rev. S. Trail D.D.	...	...	}	Aberdeen Presbytery
Rev. R. Fairweather	...	...
Rev. J. S. Kemp		
Rev. G. Jamieson B.D.		
Rev. John Laidlaw	}	Free West Church
John Fleming		

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Rev. H. Cowan, B.D.		South Parish Church
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				Ferryhill Church
				Free East Church

O F F I C I A L S.

Resident.

ROBERT JAMIESON, M.D.	<i>Physician and Superintendent.</i>
JOHN FERGUSON, M.B.	} <i>Medical Assistants.</i>
F. WADE WRIGHT,	
EDWARD SAVAGE . . .	<i>House Steward.</i>
Miss HARPER . . .	<i>Housekeeper.</i>
Miss ANDERSON . . .	<i>Head Female Attendant.</i>
Mrs BUTTERS . . .	<i>Ladies' Companion at Elmhill House.</i>
Miss E. JOHNSTON . . .	<i>Housekeeper at Elmhill House.</i>

Non-Resident.

Dr. JOHN MACROBIN . . .	<i>Consulting Physician.</i>
Rev. ALEX. FERGUSON . . .	<i>Chaplain.</i>
WILLIAM CARNIE . . .	<i>Clerk and Treasurer.</i>

MEDICAL REPORT.

AT the beginning of the year 1873, or seventy-third year of the Asylum's history, there were four hundred and thirty-one (431) patients within its walls.

Betwixt 1st January and 31st December inclusive, one hundred and forty-nine (149) cases were admitted ; making a gross number of five hundred and eighty (580) during the year.

Of these twenty-four (24) died—which relative to circumstances, is a small mortality—and one hundred and thirteen (113) were removed, leaving four hundred and forty-three (443) persons still resident in the Establishment, and but a small advance of a dozen over the residue of the preceding year.

The mean number resident during the year 1873, was four hundred and thirty-six (436).

The Medical results were not unusually favourable ; for while the number of fatal cases was less, the proportion of recoveries was at the same time lower than the average. Observation tends to the conclusion, that the operations of this Hospital, as of others of a like nature, are liable to be influenced by a growing inclination to remit to the charge of an Asylum for the Insane various cases of the mental weakness sometimes accompanying the latter stages of several physical diseases, which properly should be cared for at home, or be put

under treatment in Infirmaries and Incurable Hospitals. In particular the associated debility of body and dulness of mind which in so many is connected with advanced years, is too frequently sent to find its termination amongst the Insane.

During the year, twenty-nine uncured parochial cases of a quiet, manageable, and incurable class, were removed; seventeen being transferred to Poorhouses, and twelve boarded with relatives under the sanction and supervision of the Lunacy Board. Many of such become worse after leaving, and are brought back in a deteriorated condition, and some die, probably sooner from the experiment, but undoubtedly, a fair proportion of the cases, particularly of those sent home, if well selected, may be benefited and rendered happier by the change.

The deaths during the year require little remark. None resulted from accidental or unusual causes, and none occurred in acute conditions of the disease. The average age at death was fifty-two and a-half years, and the average duration of residence twenty-eight months. The obituary table shows well how much more fatal a disorder insanity is in the male than the female subject, for although the number of women is considerably greater, there are two and a-half times as many deaths among the men, the disease in them arising more frequently from organic affections of the cerebro-spinal system, and less frequently from temporary and remediable conditions. The other tables conveying statistical information differ in no material points, in the conclusions to be drawn, from those of lately preceding reports. The census, so far as it is an increasing one, seems here to be growing rather by an advance in the number of private patients than of parochial cases, for these have shown a tendency to diminution. The relation of urbane to rural cases is also of greater amount than it was at one time. The causes inducing the disease are as usual set forth, but it is to be had in recollection that Insanity does not spring from a single cause in general, nor even from the sanitary errors of one generation. The special condition

evolved which at last permits the mind itself to appear over-thrown by what are after all but the ordinary exciting causes of less lamentable diseases, is the product of several generations through which unfavourable agencies, habits, and influences have depressed the vitality of the nervous system.

The number of patients remaining in the house is 443, and is about a-tenth of the total admissions since the opening in the year 1800—they really form the residuum of 4063 cases—the admissions of half-a-century, the oldest patient on the list having been admitted in 1824. Every subsequent year, with some exceptions, has still a representative on the roll, but the great majority have been entered during the last seven years.

On various recent occasions the Official Inspectors, as may be found in reports appended, have drawn attention to the plain style of many parts of the interior, as compared with the furnishings and decorations of more recently constructed and better supported Institutions. Without realizing more adequate rates of board from all classes of inmates, (which, after much consideration has during the past year, been resolved upon), it will not be possible to carry out to much extent, the various suggestions made, even without going into the more important architectural improvements which an old establishment requires before it can adopt or imitate the advantages in appearance possessed by more modern structures.

During the year reported on, the recent extension of the east side has been completed and occupied, and besides accommodating an increased number of applicants, has added very much to the comfort, and given an improved aspect to the whole of the females' part of the establishment, by relief of the over-crowding which previously existed, the introduction of better arrangements, and the capacity the new buildings afford for the better furnishing and ornamentation which official criticism desiderates. The Reporter takes this opportunity of

urging on the Managers that a similar improvement should be without delay gone into on the other wing of the House, where it has for a long time been as much required.

The Office of Matron, vacated by the death of Miss Elrick, has been experimentally divided into the two offices of House-keeper and Head Female Attendant, and their duties are discharged in a very satisfactory way by Miss Harper and Miss Anderson, who both had sufficient previous experience, the former in the Aberdeen Asylum and the latter in the Southern Counties' Asylum at Dumfries.

The amusements of the inmates were supplemented by various volunteered performances in the theatre at Elmhill House, by Mr. Gomersal, the Shakespeare Dramatic Society, by Mr. McKay's Band, and others ; Mr. Gomersal very handsomely not only giving his own services and those of several of his company unsolicited, but kindly affording a large number of free admissions to the Opera House to many of the patients in the larger Asylum.

In conclusion, I trust to be excused in adding, that while the results of the year have been such as to bear comparison with any arrived at elsewhere, I have reason from enquiry and observation to give to the Managers the assurance that the rates of charge of the Aberdeen Asylum are at the present time as low or lower, and the economy of expenditure as great or greater, than in any Institution of the same kind.

ROBERT JAMIESON, M.D.

TABLES.

TABLE I.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum 1st January, 1873	208	223	431
Admitted during the year,	69	80	149
Under care and treatment during the year,	277	303	580
Removed during the year :—			
	Males.	Females.	Total.
Recovered,	30	29	59
Relieved,	11	16	27
Unimproved,	14	13	27
Dead,	17	7	24
	72	65	137
Remaining in Asylum, 31st Dec. 1873,	205	238	443

TABLE II.

RELATIVE NUMBER OF PRIVATE AND PAROCHIAL CASES.

	Males.	Females.	Total.	Males.	Females.	Total.
Private Cases in Asylum, 1st January, 1873,	77	63	140			
Do. admitted during the year,	29	30	59			
Total Number of Private Cases treated during year,				106	93	299
Parochial Cases in Asylum, 1st January, 1873,	131	160	291			
Do. admitted during the year,	40	59	90			
Total of Parochial Cases treated during the year,				171	210	281
Total number of Cases,				277	303	580
Private Cases removed during the year,	20	18	39			
Parochial do.,	52	49	99			
Total number of Cases removed during the year,				72	65	137
Private Cases remaining 31st December, 1873,	86	77	163			
Parochial do.,	119	161	280			
Total number of Cases remaining,				205	238	443

TABLE III.

AGE OF PATIENTS ADMITTED.

				Males.		Females.		Total.
From 10 to 20,	.	.	.	5	...	2	...	7
„ 20 to 30,	.	.	.	18	...	13	...	31
„ 30 to 40,	.	.	.	15	...	17	...	32
„ 40 to 50,	.	.	.	13	...	22	...	35
„ 50 to 60,	.	.	.	13	...	17	...	30
„ 60 to 70,	.	.	.	4	...	4	...	8
„ 70 to 80,	.	.	.	1	...	4	...	5
„ 80 to 90,	.	.	.	0	...	1	...	1
				<u>69</u>		<u>80</u>		<u>149</u>

TABLE IV.

CLASSIFICATION OF ADMISSIONS ACCORDING TO PLACES OF RESIDENCE.

				Males.		Females.		Total.
From Aberdeen and Suburbs,	.	.	.	33	...	34	...	67
„ Aberdeenshire, .	.	.	.	29	...	41	...	70
„ Distant Localities, .	.	.	.	7	...	5	...	12
				<u>69</u>		<u>80</u>		<u>149</u>

TABLE V.

SOCIAL CONDITION OF PATIENTS ADMITTED.

				Males.		Females.		Total.
Married,	.	.	.	30	...	29	...	59
Single, .	.	.	.	37	...	41	...	78
Widowed,	.	.	.	2	...	10	...	12
				<u>69</u>		<u>80</u>		<u>149</u>

TABLE VI.

OCCUPATION OR STATION IN LIFE OF PATIENTS ADMITTED.

MALES.

Baker,	1	Merchants,	2
Billiard Room Keeper,	1	Moulder,	1
Blacksmiths,	2	Painter,	1
Book Canvasser,	1	Plumber,	1
Cabinet Maker,	1	Rope Makers,	2
Carpenter,	1	Sailors,	4
Clerk,	1	Sawyer,	1
Coach Painters Apprentice,	1	Slater,	1
Crofter,	1	Soldier,	1
Druggist,	1	Stone Polisher,	1
Druggist's Apprentice,	1	Shoemakers,	3
Engineer,	1	Student,	1
Farmers,	7	Tailors,	2
Farmers' Son's,	2	Watchmakers,	3
Farm Servants,	3	Writer,	1
Fishermen,	3	No Occupation,	9
Inn Keeper,	1		—
Labourers,	6	Total,	69

FEMALES.

Daughters of Farmers'	2	Wives of Fisherman,	1
Dressmakers,	2	„ Game Keeper,	1
Housewife,	1	„ Gardener,	1
Knitters,	13	„ Grocer,	1
Mill Workers,	4	„ House Painter,	1
Servants,	14	„ Sailor,	1
Sempstress,	1	„ Shop-keepers,	2
Widowed,	8	„ Tailor,	1
Wives of Carter,	1	No Occupation,	16
„ Crofters,	6		—
„ Farm Servants,	3	Total,	80

TABLE VII.

COMPLICATIONS OF CASES ADMITTED WITH DISEASED IMPULSE.

	Males.	Females.	Total.
Suicidal Impulse with Melancholia, . . .	7	6	13

TABLE VIII.

FORM OF INSANITY IN CASES ADMITTED.

	Males.	Females.	Total.
Amentia,	1	2	3
Dementia,	14	14	28
Mania,	25	30	55
Melancholia,	16	27	43
Monomania,	13	7	20
	<hr/> 69	<hr/> 80	<hr/> 149

TABLE IX.

COMPLICATIONS OF CASES ADMITTED WITH NERVOUS DISEASE.

	Males.	Females.	Total.
Epilepsy, with Mania,	1	1	2
„ „ Melancholia,	0	1	1
Paralysis, with Dementia,	6	1	7
„ „ Mania,	1	0	1
„ „ Monomania,	1	0	1
	<hr/> 9	<hr/> 3	<hr/> 12

TABLE X.

CAUSES ASSIGNED IN CASES ADMITTED.

	Males.	Females.	Total.
Abortion,	0	1	1
Age,	0	1	1
Business Anxiety,	1	1	2
Child-birth,	0	3	3
Climacteric Change,	0	5	5
Death, of Father,	0	1	1
Disappointment,	1	0	1
Disappointment in Love,	1	0	1
Disturbed Sleep,	0	1	1
Domestic Anxiety,	0	1	1
Epilepsy,	0	1	1
Fever,	1	0	1
Hereditary Predisposition,	5	15	20
Injury of Head,	2	0	2
Intemperance,	15	1	16
Pecuniary Difficulties,	1	0	1
Quarrel,	1	0	1
Thunderstorm,	1	0	1
Want of Work,	0	1	1
Whooping Cough,	0	1	1
No cause assigned	40	47	87

TABLE XI.

CASES DISCHARGED RECOVERED.

No.	Sex.	Form of Mental Disease.	Cause of Disorders.	Residence.			
				Y.	M.	W.	D.
1	M.	Dementia ...	Fever ...	0	2	4	1
2	F.	Dementia ...	... ..	0	3	0	0
3	M.	Dementia ...	... ..	0	2	0	3
4	M.	Mania ...	... ..	0	5	1	1
5	F.	Mania ...	Hereditary ...	0	1	4	1
6	F.	Mania ...	Pubescence ...	0	11	0	5
7	F.	Mania ...	Hereditary ...	0	2	3	4
8	M.	Mania ..	... ..	1	5	1	3
9	F.	Mania ...	... ..	0	5	3	5
10	F.	Mania ...	Intemperance ...	0	11	0	3
11	M.	Mania ...	A Fall ...	0	3	3	3
12	F.	Mania ...	Hereditary ...	0	8	1	0
13	F.	Mania .	Hereditary ...	2	9	4	1
14	F.	Mania ...	Climacteric Change ...	0	4	1	0
15	F.	Mania ...	Hereditary ...	5	10	2	5
16	M.	Mania ...	Hereditaty ...	0	3	0	0
17	F.	Mania ...	Hereditary ...	0	7	3	2
18	F.	Mania ...	... ..	0	9	3	6
19	F.	Mania ...	... ..	0	3	2	1
20	F.	Mania ...	Intemperance ...	0	9	2	1
21	F.	Mania ...	... ..	0	2	1	6
22	M.	Mania ...	Hereditary ...	0	5	0	5
23	M.	Mania ...	.. ..	0	2	1	5
24	F.	Mania ...	... ..	0	3	2	0
25	F.	Mania ...	Hereditary ...	0	1	1	4
26	M.	Mania ...	Intemperance ...	0	0	4	1
27	M.	Mania ...	Hereditary ...	0	3	0	4
28	M.	Mania ...	... ..	0	2	3	5
29	F.	Mania ...	Hereditary ...	0	1	4	0
30	F.	Mania ...	Child-birth ...	3	6	3	1
31	M.	Mania ..	... ..	0	6	1	5
32	M.	Melancholia ...	... ..	0	2	1	2
33	F.	Melancholia ...	... ..	0	8	1	2
34	M.	Melancholia ...	Quarrel ...	0	2	3	0
35	M.	Melancholia ...	Hereditary ...	0	2	3	2
36	M.	Melancholia ...	Business Anxiety ...	0	3	2	0
37	F.	Melancholia ...	Hereditary ...	0	3	2	2
38	F.	Melancholia ...	Proposed Emigration of Son	2	3	1	2
39	F.	Melancholia ...	... ..	0	3	7	2
40	M.	Melancholia ...	... ..	0	3	3	1
41	F.	Melancholia ...	... ..	0	3	3	5
42	M.	Melancholia ...	... ..	0	3	0	2
43	F.	Melancholia ...	Abortion ...	0	3	3	1
44	M.	Melancholia ...	... ..	0	2	4	0
45	F.	Melancholia ...	... ..	0	9	2	6
46	M.	Melancholia ...	... ..	0	3	4	0
47	F.	Melancholia ...	Climacteric Change ...	0	3	3	0
48	F.	Melancholia ...	Disturbed Sleep ...	0	3	1	5
49	M.	Monomania ...	Intemperance ...	0	1	3	5

CASES DISCHARGED RECOVERED.

Continued.

No.	Sex.	Form of Mental Disease.	Cause of Disorder.	Residence.			
				Y.	M.	W.	D.
50	M.	Monomania... ..	... ..	0	0	1	1
51	M.	Monomania... ..	Hereditary	0	7	4	0
52	M.	Monomania... ..	... ..	0	3	3	1
53	M.	Monomania... ..	Intemperance	0	1	0	5
54	M.	Monomania .. ...	.. ...	0	5	3	3
55	M.	Monomania... ..	Intemperance	0	3	0	5
56	M.	Monomania... ..	... ..	0	5	3	6
57	F.	Monomania... ..	... ..	0	2	4	1
58	M.	Monomania... ..	Strumous	1	2	2	6
59	F.	Monomania	Hereditary	0	7	4	1
Average duration of Residence.....				0	7	1	5

TABLE XII.

DEATHS.

	Males.	Females.	Total.
I.—CEREBRAL DISEASES.			
General Paralysis,	7	0	7
Apoplexy,	1	1	2
II.—THORACIC DISEASES.			
Phthisis,	1	2	3
Pneumonia,	1	1	2
Pulmonary Congestion,	1	0	1
Emphysema,	3	0	3
Cardiac Dropsy,	1	0	1
III.—ABDOMINAL DISEASE.			
Diarrhœa,	1	0	1
IV.—GENERAL DEBILITY.			
Old Age,	0	1	1
Exhaustion,	1	2	3
	17	7	24

TABLE XIII.

CAUSES OF DEATHS IN 1873.

No.	Sex.	Age.	Form of Mental Disorder.	Cause of Disorder.	Duration of Resid.			Cause of Death.
1	M.	35	Dementia	Cerebral Disease	Y.	M.	W.	D.
2	M.	63	Dementia	.	1	2	2	1
3	M.	65	Dementia	.	0	2	0	2
4	F.	90	Dementia	.	0	3	1	0
5	M.	42	Dementia	.	0	5	1	3
6	M.	39	Dementia	.	1	3	0	6
7	F.	63	Dementia	.	0	11	0	2
8	M.	51	Dementia	.	5	4	2	1
9	M.	33	Dementia	Disease of Brain	15	4	0	0
10	M.	60	Dementia	.	0	0	4	1
11	F.	54	Dementia	.	0	1	3	4
12	M.	37	Dementia	.	0	7	2	5
13	M.	57	Dementia	.	9	3	0	2
14	F.	48	Mania	.	0	8	3	5
15	M.	52	Mania	Climacteric Change	0	0	2	2
16	F.	52	Mania	.	3	7	1	6
17	M.	42	Melancholia	.	3	7	3	4
18	F.	66	Melancholia	.	0	0	1	4
19	F.	43	Melancholia	.	17	2	2	3
20	M.	48	Melancholia	Hereditary	0	0	1	6
21	M.	75	Melancholia	.	0	1	1	2
22	M.	50	Monomania	.	2	7	1	6
23	M.	53	Monomania	Intemperance	0	0	3	5
24	M.	42	Monomania	.	0	6	2	6
Average Age, 52½					2	8	1	6
Average duration of Residence.....								

General Paralysis.
 Chronic Pneumonia.
 General Paralysis.
 Old Age.
 General Paralysis.
 General Paralysis.
 Exhaustion from Strumous Disease.
 Diarrhoea.
 Cardiac Disease.
 General Paralysis.
 Apoplexy.
 Phthisis.
 General Paralysis.
 Pneumonia.
 Exhaustion and Coma.
 Phthisis.
 Pulmonary Congestion.
 Phthisis.
 Exhaustion.
 Apoplexy.
 Cardiac Dropsy.
 General Paralysis.
 Emphysema.
 Cardiac Dropsy.

TABLE XIV.

RESULTS, AT PRESENT DATE, OF ADMISSIONS OF LAST 50 YEARS.

Year.	Admitted.	Recovered.	Relieved, &c.	Dead.	Remaining 31st Dec., 1873
1800-24.	563	445		117	1
1825	52	23	19	10	0
1826	41	22	11	8	0
1827	36	15	13	8	0
1828	32	16	9	5	2
1829	46	16	18	12	0
1830	59	30	12	17	0
1831	33	13	7	13	0
1832	33	15	6	12	0
1833	42	19	14	9	0
1834	50	19	23	6	2
1835	42	22	8	11	1
1836	41	17	14	10	0
1837	43	17	12	14	0
1838	53	23	11	18	1
1839	74	32	18	22	2
1840	48	25	11	8	4
1841	56	21	16	16	3
1842	51	19	17	12	3
1843	71	35	19	15	2
1844	74	30	25	17	2
1845	93	45	24	21	3
1846	67	26	24	15	2
1847	95	43	26	24	2
1848	83	41	24	15	3
1849	81	36	23	15	7
1850	69	34	17	16	2
1851	85	38	25	17	5
1852	95	48	29	13	5
1853	107	48	27	27	5
1854	65	27	20	12	6
1855	61	35	13	8	5
1856	103	57	23	19	4
1857	84	32	24	20	8
1858	102	40	29	24	9
1859	84	30	25	19	10
1860	78	43	18	13	4
1861	104	55	24	15	10
1862	88	49	22	10	7
1863	128	60	31	20	17
1864	116	58	30	15	13
1865	111	51	27	21	12
1866	148	72	41	17	18
1867	144	65	42	21	16
1868	132	51	36	14	31
1869	168	76	46	17	29
1870	150	79	32	12	27
1871	160	62	44	19	35
1872	135	53	39	13	30
1873	149	34	11	9	95
	4625	3341		841	443

TABLE XV.

GENERAL RESULTS OF THE LAST 44 YEARS.

Year.	Mean Number Resident.	Admitted.	Recovered	Dead.	Recovered per cent. to Ad- missions.	Recovered per cent. to mean No. Resident.	Deaths per cent. to Ad- missions.	Deaths per cent. to mean No. Resident
1830	102	59	27	8	45.77	26.57	13.56	7.84
1831	100	33	14	12	42.42	14.00	36.36	12.00
1832	106	33	15	10	45.45	14.15	30.30	9.43
1833	107	42	23	14	54.76	21.51	33.33	13.08
1834	114	50	16	6	32.00	14.91	12.00	5.26
1835	116	42	20	11	47.61	18.10	26.19	9.48
1836	109	41	24	5	58.53	22.02	12.19	4.59
1837	113	43	16	8	39.53	14.16	18.60	7.08
1838	124	53	20	14	37.73	16.13	26.41	11.29
1839	140	74	26	10	35.13	18.57	13.51	7.14
1840	144	48	25	19	52.08	17.36	39.51	13.19
1841	150	56	22	10	39.29	14.66	17.86	6.67
1842	152	51	26	11	50.98	17.10	21.57	7.24
1843	167	71	28	12	39.44	17.18	16.90	7.19
1844	183	74	30	7	40.54	16.39	9.46	3.83
1845	200	93	41	13	44.09	20.05	13.98	6.50
1846	213	67	29	12	43.28	13.14	17.91	5.63
1847	222	95	40	23	42.10	18.02	24.21	10.36
1848	229	83	47	17	57.31	20.52	20.73	7.42
1849	229	81	36	16	43.36	15.70	19.27	6.98
1850	230	69	32	17	46.37	13.91	24.91	7.39
1851	245	85	32	20	37.64	13.06	23.53	8.16
1852	263	95	42	18	44.21	15.97	18.94	6.84
1853	280	107	54	21	50.46	19.28	17.75	7.50
1854	281	65	39	19	60.00	13.87	29.23	6.75
1855	274	61	31	9	50.82	11.31	14.75	3.29
1856	291	103	44	20	42.72	15.12	19.41	6.87
1857	299	84	50	21	59.52	16.79	25.00	7.02
1858	295	102	39	15	38.23	13.22	14.70	5.08
1859	307	84	42	9	50.00	13.59	10.71	2.93
1860	308	78	32	22	41.02	10.39	28.29	7.14
1861	318	104	48	19	46.15	15.09	18.27	5.97
1862	323	88	48	20	54.54	14.86	22.74	6.19
1863	340	128	55	22	42.96	16.17	17.18	6.47
1864	346	116	50	25	43.96	14.45	21.55	7.22
1865	362	111	67	23	60.36	18.51	20.72	6.35
1866	369	148	66	31	44.59	17.88	20.98	8.40
1867	391	144	73	22	50.69	18.67	15.28	5.63
1868	410	132	65	15	49.24	15.85	11.36	3.65
1869	420	168	55	22	32.73	13.09	13.09	5.23
1870	423	150	68	26	45.33	16.07	17.33	6.14
1871	438	160	84	22	52.50	19.17	13.75	5.00
1872	428	135	60	34	44.44	13.89	25.18	7.87
1873	436	149	59	24	36.91	13.53	16.11	5.50
Sum and Average of 44 Years.	11097	3855	1760	734				
	252.20	87.61	40.00	16.68	45.83	16.23	20.11	7.06

TABLE XVI.

ABSTRACT OF DAILY RETURNS—SHOWING DISTRIBUTION, &C., OF PATIENTS
REMAINING IN THE ASYLUM.

	Males.	Females.	Total.
Number of Patients in the Asylum, Dec. 31, 1873,	205	238	443
" in Front House,	34	27	61
" in Back House,	54	58	112
" in East Wing,	0	115	115
" in West Wing,	70	0	70
" in Elmhill House,	25	16	41
" in Clarkseat House,	22	0	22
" in Barkmill House,	0	7	7
" in Gate Cottage,	0	10	10
" in Mary Place House, ..	0	15	15
Number of Patients Sick, Dec. 31 1873, ...	0	5	5
" Usually Employed, ...	93	100	193
" Mostly unemployed, except }	123	137	260
" in exercise and amusement, }			
" Usually Attending Chapel,	88	92	180

TABLE XVII.

ARTICLES OF CLOTHING, &C., MADE AND REPAIRED FROM JANUARY, 1873,
TO JANUARY, 1874.

	Made.	Repaired.		Made.	Repaired.
Aprons,	240	390	Jackets,	38	120
Beds, Strong,	42	100	Linders,	232	924
Bed Covers,	12	30	Neckerchiefs,	493	138
Bed Gowns,	84	220	Petticoats,	200	1186
Blankets, ... ..	...	230	Pillow Slips	244	330
Bed Ticks,	60	34	Pillow Ticks,	62	183
Bolster Slips,	200	440	Quilts, Strong,	4	21
Bolster Ticks,	88	118	Sheets,	194	610
Bonnets, Trimmed	40	20	Shifts,	319	750
Boots, Pairs,	50	240	Shirts,	232	380
Caps, Day	104	206	Slip Bodies,	37	115
Caps, Night,	100	117	Shoes, Pairs,	198	400
Carpets,	50	20	Stays,	12	56
Coats,	36	700	Stockings, Pairs,	350	6867
Collars,	26	94	Strong Dresses, ...	10	60
Counterpanes,	48	40	Table Cloths,	78	56
Drawers,	100	2046	Towels,	145	70
Dresses, Strong, ... ..	..	24	Tray Cloths,	24	18
Gowns,	200	716	Trousers,	40	810
Habitshirts,	10	93	Vests,	35	430
Handkerchiefs,	113	85	Window Blinds, ...	15	14
Hats, Trimmed,	30	14	Wrappers,	14	17

CAPITAL ACCOUNT OF THE

For the Year ending

	Amount at 31st March, 1873.			Decrease during the year,			Increase during the year.			Amount at 31st March, 1874.		
	£.	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
To Debts due by the Asylum :—												
Legacy by George Hogg, ...	1,600	0	0	.....			.....			1,600	0	0
Mortification by John Burnett,	258	10	0	5	5	0	.....			253	5	0
Loans,	16,300	0	0	.....			.....			16,300	0	0
Bank Current Account, ...	3,102	10	11	12	10	1	.....			3,090	0	10
Income Tax,	8	0	3	0	3	6	.. .....			7	16	9
Amount of Debt, ...	21,269	1	2	17	18	7	.....			21,251	2	7
To Stock,	35,093	19	1									
Increase from Surplus Revenue	.....			.....			727	16	9	35,821	15	10
	56,363	0	3	17	18	7	727	16	9	57,072	18	5

LUNATIC ASYLUM, ABERDEEN

31st March, 1874.

	Amount at 31st March. 1873.	Decrease during the year.	Increase during the year.	Amount at 31st March, 1874.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
By Asylum Assets, &c.:—				
„ Asylum Buildings and Ground }	32,199 1 0	.....	.....	32,002 11 0
„ Written off Buildings for Deterioration for Year }	.....	196 10 0	.....	.....
„ Elmhill Buildings and Ground }	15,993 18 6	... ..	.....	15,911 9 0
„ Written off Buildings for Deterioration for Year }	.....	82 9 6	.....	.....
„ Household Furniture ...	3,241 6 2	.....	.....	3,415 18 1
„ Written off Furniture for Deterioration for Year }	.....	81 0 6	.....	.....
„ New Furniture added ...	.....	.....	255 12 5	.....
„ Stores in hand	780 5 3	.....	445 17 1	1,226 2 4
„ Board of Patients to recover	131 11 1	.....	104 16 8	236 7 9
„ Gilcomston Fues ...	368 0 0	.....	.....	368 0 0
„ Asylum Extension—now (1874) finished ... }	3,301 4 0	.....	248 12 0	3,549 16 0
„ Broadford Burn ...	347 14 3	.....	.....	347 14 3
„ Housekeepers—in hand	.....	.....	15 0 0	15 0 0
	56,363 0 3	360 0 0	1,069 18 2	57,072 18 5

WILLIAM CARNIE, *Treasurer.*

JAMES TYTLER, C.A., *Auditor.*

INCOME.

Patients' Board, ..	..	..	£14,055	0	4
Produce of Ground, ..	..	..	334	4	10
Joiners' Work, ..	..	..	14	15	8
Shoemakers' Work, ..	..	..	50	6	8
ENDOWMENTS—					
Bedlam Fund, ..	..	£30	0	0	
Gilcomston Feu-duties, ..	..	15	4	7	
Chalmers' Bequest, ..	..	20	0	0	
			65	4	7

EXPENDITURE.

PROVISIONS—					
Meal and Sids, ..	..	..	£744	10	2
Bread and Barley, ..	..	..	746	13	3
Butcher Meat, ..	..	..	2,122	8	10
Butter and Cheese, ..	..	..	609	18	7
Table Beer, ..	..	..	179	1	6
Tea and Sugar, ..	..	..	472	18	7
Milk, ..	..	..	834	6	6
Small Necessaries, ..	..	..	860	18	0
Medicine, ..	..	..	38	9	5
Wines, Spirits, and Porter, ..	..	..	217	12	4
			6,826	17	2
FIRE AND LIGHT—Coals, Gas, &c., ..	..	..	1,130	9	11
WASHING—Soap, &c., ..	..	..	109	18	2
MEDICAL SALARIES—					
Physician and Superintendent, ..	..	..	600	0	0
Consulting Physician, ..	..	..	100	0	0
Medical Assistants, ..	..	..	80	0	0
			780	0	0
GENERAL SALARIES AND WAGES—					
Chaplin, ..	..	..	100	0	0
Clerk and Treasurer, ..	..	..	200	0	0
Auditor, ..	..	..	10	10	0
Steward, ..	..	..	100	0	0
Matrons, ..	..	..	75	0	0
Attendants, House Tradesmen, Apothecary, Assistant Clerk, and Servants' Wages. }			1,246	14	8
			1,732	4	8
REPAIRS AND FURNISHINGS—					
Repairs and Additions to Furniture, ..	..	..	288	4	2
Do. do. Building, ..	..	..	532	3	0
Do. do. Bedding, ..	..	..	222	18	7
			1,043	5	9
VARIOUS—					
Pauper Clothing and Furnishings, ..	..	..	481	4	5
Printing and Stationery, ..	..	..	71	13	11
Insurances and Public Burdens, ..	..	..	321	4	9
Incidents (including £57 Snuff and Tobacco to Pauper Patients)	127	5	10		
Interest on Borrowed Money, ..	..	..	807	10	9
			13,431	15	4
Charged for deterioration on Asylum, {					
Buildings, at $\frac{1}{3}$ per cent., ..	..	..	196	10	0
Do. do. Elmhill, do. ..	..	..	82	9	6
Do., Household Furniture, at $2\frac{1}{2}$ per cent. }			81	0	6
			360	0	0
Excess of Income above Expenditure, 1873-74, ..			727	16	9
			14,519	12	1

COMMISSIONERS' REPORTS.

DR. MITCHELL.

25th February, 1873.

The changes which have occurred since the date of last visit, consist of forty-one admissions, twenty-nine discharges, and six deaths.

The admissions include sixteen private patients. Fourteen of the patients discharged were cured, and four were transferred to other Institutions.

The rate of mortality has been low, and the causes of death exhibit no peculiarity. The existing sanitary condition of the inmates is very good, there being no patient under treatment for any serious bodily disorder. In nearly all cases of death, post-mortem examinations continue to be made.

There is only one entry in the Register of Restrain and Seclusion, referring to the use of the shower-bath as a punishment. No patient was found in a locked room, but two women wore strong canvas dresses.

Five attendants have left, but all of their own accord.

A well-cooked dinner of broth and potatoes was served during the visit. The workers, and many others who were thought to need an extra diet, had beef as well, while the old and infirm had mince. The day being Shrove Tuesday, all of the patients had brose, and many of them had pancakes in addition. Each dish of brose—and 58 such dishes were counted in the kitchen—had the ring in it, which is supposed to bring good fortune to the finder. As usual, oat-cakes were abundantly supplied.

There can be no doubt that the feeding of the patients in this Asylum is liberal and well considered, and this probably accounts to some extent for the tranquility which prevailed. The facts, however, that the patients are warmly clothed, that they have ample bed coverings, and that all parts of the house are kept warm by numerous open fire places, and by a system of hot water pipes, which, during cold weather is every where in operation, both by day and night, must contribute to bring about the same result. Every bed had at least four pairs of blankets, while not a few had five. The average weight of the bed coverings were 24lbs. Not only were the day-rooms and dormitories and corridors found clean and in good order ;

but though the day was bitterly cold, there was every where a pleasant warmth. The attention to the physical comforts and wants of the patients which all these facts indicates, goes far to secure the success in the management which is practically obtained, in spite of the difficulties arising out of structural and other defects. These satisfactory results however, are rendered much more certain through the constant personal supervision of Dr. Jamieson, which has so often been favourably commented on by the Commissioners, and on which the prosperity of the Asylum greatly depends.

It is understood that the rate of Board is to be increased from £23 10s. to £25 10s. This step is in accordance with what has been found necessary in various other Asylums, and results from the enhanced cost of living, fuel, and labour. It is earnestly hoped that the rise will be sufficient to leave a margin of profit to be expended in furnishing and decorating the wards. Some progress has been made in this matter, but a great deal remains to be done. To accomplish what is so clearly desirable in this direction will involve a certain, though not a large, expenditure of money, and in fixing the new rate of Board, this should be borne in mind. The medical management of the Asylum is excellent—the patients are warmly and comfortably clothed—their beds have ample coverings—their food is abundant and well cooked—but there is in many parts of the house, a bareness and want of cheerfulness which an inconsiderable out-lay of money would remove. It is freely admitted that there is no neglect of the substantial comforts and well-being of the patients; but experience shows that attention to other matters which may appear to be of quite secondary importance, adds to the happiness of the inmates, and increases their contentment and the ease of management. Among such matters, nothing is more certainly of practical importance, than the giving to the wards of a cheerful aspect, and depriving them as far as possible, of the look of an Asylum. Everything already done towards the attainment of this end, has admittedly been productive of good results, and what is now recommended is that measures should be taken to make it possible to do much by providing the necessary funds—a recommendation which is more easily pressed, as the sum required will not be large.

SIR JAMES COXE.

18th September, 1873.

The general sanitary conditions of the establishment is reported as having been favourable. At present there is a slight tendency to colds and diarrhoea, due probably to the wet and chilly weather which has recently prevailed; but there is little serious illness, and the numbers in bed for sickness do not exceed three or four. This satisfactory state of matters must be chiefly ascribed, as has been repeatedly stated in former

reports, to the full and various dietary, the abundant clothing and bedding, the general temperature of the house, and the careful personal supervision exercised by Dr. Jamieson. The food served during the visit was excellent and well cooked. The dinner for the parochial patients consisted of potatoe soup, heart-hash, boiled beans, and bread, and an *ad libitum* supply of oat-cakes stood on the table. Every week about 12 bolls of oat meal are baked into cakes, which are all used in this manner.

The male division of the house may be regarded as full, and in some of the dormitories, extra beds have been introduced, but not to such an extent as to prove detrimental to health. Room for additional male patients might however, be provided by removing the females from one of the cottages to the main building, where the resently erected wards will for some time afford the means of meeting all demands for female admissions, and in this way further immediate structural additions will be avoided.

The evils of overcrowding, or rather perhaps, of insufficient day-room space, are still manifest in both the male and female divisions, where about seventy patients, of the more excitable class, are gathered together in two moderate sized rooms. The ready access which the patients have to the airing courts mitigate in a very essential manner, the evils of in-door space. Still there cannot be a doubt that more elbow-room within doors would tend greatly to promote comfort, quite, and contentment. At present four of the male patients use canvas dresses to guard against destruction and degraded tendencies ; but notwithstanding, a larger than usual proportion of difficult cases among the males, not one was in seclusion. Indeed, both the male and female side, the small amount of noise and excitement attracted attention.

The register of Seclusion contains about 140 entries since last inspection. These entries now embrace every patient who, for whatever cause, is placed alone in a locked room. In many cases however, a locked door becomes a necessity, or at all events a prudent precaution, from the situation of the room in corridors which are mere passages of communication without any occupants, and to which free access might lead to deplorable consequences.

The patients registered as of wet or dirty habits, are twenty-two males and nineteen females, but owing to the efficiency of the night attendance, the number of beds actually wet, frequently does not exceed two or three on each side. On each side, the reduction of their number which has been recently noticed, is ascribed to the later hour of now going to bed. The number of patients requiring care during the night are reckoned at about forty of each sex. The duty of seeing properly to their wants, taking into consideration the structure of the house, would seem to demand an additional attendant on each side.

The house was, as usual, in excellent order, and progress, although somewhat slow, continues to be made in papering and painting, and in otherwise decorating the wards.

The aspect of the new female wards is very pleasing and cheerful, and the effect of the improved accommodation which they afford, in hence finally modifying the mental condition of the patients, and improving their habits, has been very marked. It is very desirable that a green-house were provided to afford the means of floral decorations during the winter.

The numbers industrially employed, do not exceed seventy males and eighty females ; numbers which under improved structural arrangements, and greater facilities for employment, might be greatly increased.

The patients occupying Elmhill, are twenty-six gentlemen and fifteen ladies. The condition of this part of the establishment was in all respects satisfactory. Papering and painting are being extensively carried out, and additional rooms have been, and are being, furnished to meet the demand for accommodation.

PATHOLOGICAL APPENDIX.

CASE I., W. L., Æt. 63.—A labourer ; was admitted on the 5th November, 1872, in a demented condition—he neither knew the day of the week nor the time of the day, and was generally confused. According to his own account he had been weak in health for years—but he could not, or would not, give any definite history either of the cause or symptoms of his disorder. He died on 8th January.

Post-Mortem Examination three days after death. Body was very much emaciated.

Head.—The brain was congested. At the antro lateral aspect of the left hemisphere there was a firm small nodular tumour continuous with the membranes, and projecting on the convolutions. Brain weighed 50 oz.

Thorax.—The heart was affected with fatty degeneration, and weighed 10 oz. The right lung weighed 32 oz. ; its lower lobe was much increased in density and was firmly adherent to the surface of the diaphragm. The upper lobe was emphysematous, and so was the whole left lung, which weighed 19 oz.

The abdominal viscera, with the exception of the liver and spleen which were congested, were healthy.

CASE II., W. J., Æt. 65.—A labourer ; was admitted 5th November, 1872, in a state of Paralytic Dementia, incapable of understanding or answering the simplest questions, showing a disposition to wander, and lately found wandering on the railway. At times he was very irritable and inclined to be violent, and altogether incapable of taking care of himself. On 6th February, he was seized with a paralytic shock, from which he died three days after.

Post-Mortem Examination February 10. Body well nourished.

Head.—The arachnoid membrane was very much thickened and adherent to the dura mater. The vessels of the brain were in a state of atheromatous degeneration. The brain weighed $42\frac{1}{2}$ oz.

CASE III., J. E., Æt. 50.—Seaman ; admitted 27th March, 1873, in a state of Paralytic Dementia, possessing high delusion, *e.g.*, that he was worth tons of gold. On April 18, he had several paralytic shocks, from which he never recovered consciousness. Died on the 20th.

Post-Mortem Examination 36 hours after death. Body well nourished.

Head.—The dura mater was closely adherent to the calvarium, requiring some force to separate them. Bones rather thinner than normal. Great congestion of the membranes, and small collections of pus in one or two places. There was considerable subarachnoid effusion. Brain weighed 49 oz. On slicing it, the puncta vasculosa were observed to be much larger than normal. The left ventricle of the brain was empty, the right contained about 2 drachms of fluid.

Thorax.—The lungs were congested throughout, and in the right lung was observed numerous small points of circumscribed pneumonia. The left lung was emphysematous. Pleurae on both sides adherent by bands of lymph.

Heart.—Right side filled with fluid blood. Left nearly empty ; valves normal. Walls of aorta thickened with atheromatous deposit.

CASE IV., W. B., Æt. 50.—A saddler ; admitted 24th September, 1869 ; of his history previous to his admission, nothing could be ascertained. When brought to the Asylum, he could only give incoherent answers to questions. After admission he became violent, requiring constant watching. On 7th May, he refused his food, and having been ailing some time previously, he gradually sunk and died.

Post-Mortem Examination.

Head.—Softening of Frontal convolutions. Dura Mater strongly adherent to the parietal bone. Deposits of lymph on both sides of the longitudinal fissure, causing the membranes to adhere to each other. Arachnoid membrane opaque, more especially on the temporal region ; considerable softening of the anterior lobes of the cerebrum. Slight atheroma of the vessels at the base of the brain. The right ventricle contained a quantity of dark fluid blood.

Thorax.—Right lung firmly adherent to the chest. Slight atheroma of ascending aorta.

Fatty degeneration of left kidney, with numerous small collections of pus. In the right kidney, there were found a small abscess, and throughout its substance, numerous small collections of pus.

CASE V., J. W., Æt. 42.—A Cab-driver ; was admitted 15th July, 1871, presenting the symptoms of General Paralysis of the Insane, and possessing most extravagant delusions *e.g.*, that he possessed everything in Aberdeen. He was sleepless and restless, and dangerous to those about him. On the 22nd January, 1872, he was removed to St. Nicholas Poor-House, and re-admitted on the 17th February. On the 22nd of May, he was seized with a serious of epileptiform fits, and died two days afterwards, never having recovered consciousness.

Post-Mortem Examination twenty-eight hours after death.

The brain only was examined.

General congestion of scalp. The dura mater was adherent to the calvarium and much congested. On the left side of the frontal bone there was an exostosis. The arachnoid membrane was opaque, and there was much subarachnoid effusion. On the posterior part of the left frontal lobe there was a small cyst about the size of a pea. The brain was much congested throughout. Left optic lobe much softened. The floor of both ventricles had a peculiar granular appearance. Cystic condition of choroid plexus.

CASE VI., W. W., Æt. 53.—A Lamp-lighter ; admitted 24th Dec., 1872, labouring under various delusions, *e.g.*, he fancied that everything

was going wrong with him, and that every body was set against him. He had a dull, slow, absent manner; refused his food, requiring forcible alimentation.

13th July, 1873. He died this morning.

Post-Mortem Examination twenty-four hours after death. The body was very emaciated. Anasarca of hands, legs, and feet.

Head.—The brain weighed $49\frac{1}{2}$ oz. There was about one drachm of serous fluid in each lateral ventricle. The brain seemed to be softer than natural.

Thorax.—On opening the thorax, there was found a large collection of pus, behind the costal cartilages of the right side extending from first to eighth rib, the cyst containing it had no communication with the general pleural cavity. In the pleural cavity there was found 2 or 3 pints of sero purulent matter, and there was a firm adhesion extending along the posterior boundary of the upper lobe of the lung. The base of the lung was so firmly adherent to the diaphragm, that an attempt to separate them only succeeded in tearing the lung itself. The lung was compressed and hepatized and its anterior surface covered with flaky lymph: it weighed 24 oz. The left lung was adherent to the chest all round, but the adhesions were easily torn asunder. Weight $33\frac{1}{2}$ oz. The heart was apparently healthy.

The right kidney had several small cysts beneath the capsule, each about the size of a split pea, and containing a purulent looking fluid. Weight 37 oz. The right kidney had a mottled appearance on one surface. Weight 4 oz.

CASE VII., J. M., Æt. 46.—A labourer; admitted on 1st August, 1866, in a state of great mental depression, being restless and having an inclination to wander about. He had also a suicidal tendency. He was subject to frequent asthmatic attacks.

He was discharged on 23rd November, and re-admitted on the 5th July, 1873; having been since his discharge, frequently subject to attacks of depression. On admission he was possessed by various delusions, such as that he had injured his sister, and that there were persons watching for an opportunity to do him harm. He was still subject to severe asthmatic fits.

14th July—Soon after getting out of bed he expired suddenly.

Post-Mortem Examination five and a-half hours after death. Body well nourished.

Head.—Scalp congested. The brain was very much congested throughout, and there was considerable amount of subarachnoid effusion. The pia mater was very easily detached from the brain.

Thorax.—Both lungs were emphysematous, and there was a small portion of grey hepatization at the apex of the right lung.

CASE VIII., H. G., Æt. 63.—A female servant; admitted 5th March, 1868, having been transferred from Montrose Asylum, in which she had been confined for the last seven years, and stated to be suffering from

Dementia. On admission she was in weak physical condition, and if spoken to, she would wring her hands or weep. She continued to fall off in bodily condition, and died on 20th July, 1873.

Post-Mortem Examination twenty-two and a-half hours after death. The body was greatly emaciated and pale. There were three small pits on the inner side of the right fore-arm, about $11\frac{1}{2}$ inches above the wrist, the result of an abscess there.

Head.—The skull was everywhere very thick, and especially the occipital portion where it measured fully half an inch in thickness. The Pacchionian depressions were remarkably large; considerable sub-arachnoid effusion. The brain substance was soft, but there was no discoloration. The ventricles were distended with a pale coloured serous fluid. The choroid plexus was in a cystic condition.

Thorax.—The heart weighed about $9\frac{1}{2}$ oz. and was covered with fat, its substance soft, and easily broken up with the fingers. The right side had a flabby feel. The right lung was adherent to its pleura at the apex. It weighed $25\frac{1}{2}$ oz. The upper lobe was extensively infiltrated with miliary tubercles, as also were the lower and middle lobes, but to a less extent. The anterior and middle parts, and in a less degree, the lower lobe of this lung was emphysematous. In the left lung the visceral and parietal pleurae were very firmly adherent; this lung was also extensively infiltrated with miliary tubercles.

CASE IX., M. McP., Æt. 40.—A servant; was admitted 2nd March, 1861, in a state of maniacal excitement, with alternations of depression, restlessness, sleeplessness, incoherence, delusions of a depressing religious nature, and general appearance of insanity.

On the 23rd July, she was discharged recovered.

3rd April, 1869, re-admitted in a condition of maniacal excitement of recent standing from no assignable cause. On April 13, she was again discharged recovered. A year afterwards she was re-admitted in a state of excitement, talking incoherently. 1st September, 1872—During the last six weeks she had been for the most part, confined to bed on account of growing debility, and loss of appetite. She was receiving as treatment, cod liver oil and wine; she got gradually feeble and died on the 27th August, 1873.

Post-Mortem Examination thirty hours after death. Body greatly emaciated. Fistula in ano, with external opening on right side.

Head.—Nothing remarkable was observed about the brain, except a cystic condition of the choroid plexus.

Thorax.—The costal cartilages of opposite sides were almost in contact for a distance of about $2\frac{1}{2}$ inches from the ensiform cartilage; this flattening was due to some cause acting on both sides for they were symmetrical. The right lung was bulky, and weighed 18 oz. The anterior part throughout its whole length was emphysematous. On the outer aspect of the upper lobe and about its centre was a pyramidal portion of hepatized lung, and

on section, a thick purulent matter was seen in several of the smaller bronchi. The larger bronchi were filled with a glary tenacious frothy fluid. The lower lobe of this lung was very oedematous. The left lung weighed 10 oz ; it was everywhere adherent to the pleural cavity, except at the lower and posterior part where there was a large collection of serous fluid. The pleura was very much thickened and layers of organized lymph could be torn off from the sides of the cavity in pieces of a quarter of an inch in thickness. The lower lobe of the lung on being separated, sunk in water ; it did not crepitate on pressure, but the upper lobe was crepitant all over. The mucous membrane of the stomach was of a dingy brown colour and much softened.

CASE X., J. A., Æt. 33.—A labourer ; was admitted 28th August, 1873. He had a vacant expression of countenance, was unable or unwilling to answer questions ; moved about constantly and required close watching to prevent him from tearing the bed clothes. He was in a very weak physical condition—pulse very irregular, with bronchitic symptoms, bed sores over left trochanter, and surface of body cold and livid. A physical examination of the chest gave evidence of hypertrophy with valvular disease of the heart. On the 26th of September, he had a sever attack of hæmoptysis and died on the evening.

Post-Mortem Examination twenty hours after death. The thorax only was examined.

The pericardium contained about half a pint of pale straw coloured fluid. The heart was much enlarged, weighing 16 oz. On the anterior surface near the apex was a patch of organized lymph. The auricles were soft, flabby, and dilated, containing blood and clots. The ventricles were both empty. The walls of the left ventricle were hypertrophied, being an inch in thickness. The right auricul-ventricular opening was larger than normal, easily admitting the ends of three fingers, the left was small, barely admitting the points of two, and the valve was roughened and contracted by a number of small warty looking bodies. The right lung, on its anterior border and external surface was emphysematous, and to a less extent the middle and lower lobes. The lung weighed 38 oz. The anterior surface of the lower lobe presented a gangrenous appearance, and had a putrid smell. The gangrenous portion was about the size of the palm of the hand and extended deeply into the substance of the lung. The left lung was also emphysematous along its anterior border, but to a less extent than the right ; it was greatly congested and oedematous. Weighed 30 oz.

CASE XI., J. M. Æt. 60—A shoemaker ; was admitted 1st September, 1874, in a state of maniacal excitement, possessing high delusions, *e.g.*, that he had a barrel of gold lying in a house in Edinburgh, which he must go and claim immediately. Physically, he was pale and thin : was unable to stand on his limbs, and had apparently shooting pains in them. His stomach was very irritable—he vomited more or less after every meal, so

that he required to be fed frequently, getting only a small quantity at a time. On the morning of the 27th October, he was unable to get out of bed, and when examined he was found to be unconscious, lying quite and motionless, breathing heavily. He died at two p.m. this day.

Post-Mortem Examination twenty hours after death. Body emaciated, several boils about the sacrum and trochanter, and one on the left cheek.

Head.—On removing the scalp, there was found an ecchymosis on the right parietal bone. The left side of the frontal bone was markedly more prominent than the right, and the left side of the heart generally smaller than the right. Dura mater healthy—considerable subarachnoid effusion resembling the white of an egg. No apparent disproportion between the size of the hemispheres to account for the asymmetry of the calvarium. Brain weighed 48 oz. On section, the puncta vasculosa were found to be larger and more numerous than natural; there was about 1 oz. of fluid in each lateral ventricle. Plexus choroids slightly cystic.

Thorax.—The left lung weighed $16\frac{1}{2}$ oz. and the right 14 oz.; in both lungs there was considerable congestion and extensive Bronchitis. The heart weighed 10 oz. and was loaded with fat; right cavities contained a quantity of dark fluid blood and some whitish clots; left cavities contained blood clots, but in a smaller quantity than the right. The tricuspid opening was larger than natural, admitting the points of five fingers. The right ventricle was slightly dilated. The ascending and transverse part of the arch of the aorta was much dilated and affected with atheromatous deposit. The abdomen was not opened.

CASE XII., G. M., Æt. 37.—A student; was admitted 28th October, 1862, being subject to recurrent attacks of maniacal excitement, supposed to have been connected with phthisical disease, and grief at death of father and mother. When admitted he entertained various delusions, *e.g.*, believed that people came to his window at night to compel him to go to his employment. He progressively recovered and was discharged on May 2, 1863, as recovered. On August 16, 1864, he was re-admitted, having been maniacally excited for three weeks previously; after this he gradually progressed into a state of dementia, for years remained in this state, still having symptoms indicating phthisical disease which slowly, but progressively increased, and he died on the 18th November, 1873.

Post-Mortem Examination about twenty-four hours after death. Body considerably emaciated.

Head.—The scalp was extremely adherent to the bone. There was considerable injection of the large vessels of the pia mater with black fluid blood. In one or two places the convolutions appeared slightly atrophied, notably on the posterior part of the cerebrum; there was about two drachms of fluid on each lateral ventricle.

Thorax.—Pericardium contained about four ounces of an effusion of a pale yellow colour. The cavities of the heart contained a quantity of black clotted blood. The valves were healthy and the heart weighed $8\frac{1}{2}$ oz.

Lungs.—The pleurae on both sides were almost entirely obliterated by strong organized adhesions rendering it very difficult to get the lungs out. Both lungs were loaded throughout with an immense quantity of cheesy deposit, and in the upper lobes were numerous cavities varying in size from a pea to that of a pigeon's egg; these cavities were partially filled with a flocculent pus, their walls were rugged and indurated. In the lower lobes of the lungs there was in addition to this deposit, a considerable amount of œdema and the anterior edges were slightly emphysematous. The mucous membrane of the bronchi was thickened and injected; both lungs were considerably increased in weight, the right 55 oz. left 37 oz.

CASE XIII., J.S., Æt, 55.—A coach-trimmer; admitted 22nd July, 1871, in a demented condition, unable to give any account of himself and not able to understand what was said to him. He had marks of injuries received on his head some years ago. Being quiet and harmless he was removed on the 8th November to St. Nicholas Poorhouse, but on account of his having there acquired a tendency to tear and set fire to things he was again brought to the Asylum on March 17, 1873, and from this date to December 12, he was at varying intervals subject to convulsive paralytic attacks each succeeding paroxysm being more severe than the one which preceded it, and he died at this date.

Post-Mortem Examination twenty-one hours after death. Body slightly emaciated, extensive sloughing sores on nates especially on left side.

Head.—Considerable injection of the veins of the dura mater, slight subarachnoid effusion. The brain weighed 44 oz. The apex of the middle lobe of the cerebrum, more particularly on the left side, was deeply discoloured. Right lateral ventricle was filled with clotted blood, and slightly dilated. Apoplectic effusion to about the size of a pigeon's egg, was found on the outer part of the right optic thalamus and extended to the right middle lobe of the cerebrum.

Thorax.—The lungs were healthy. Heart was hypertrophied, weighing 14 oz. but no valvular disease, the arch of the aorta was slightly dilated.



